

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
703-6463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			/				51					
2		/		/			52					
3		/		/			53					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			/				TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					